

# Community-Based Fistula Diagnosis Events: An Innovative Approach to Fistula Screening and Identification in Bangladesh

## BACKGROUND

According to the Bangladesh Maternal Mortality and Healthcare Survey (BMMS), approximately 20,000 women in Bangladesh are currently living with fistula (MEASURE Evaluation et al. 2018). To achieve the goal of ending fistula within a generation by 2030, the backlog of existing cases must be identified and treated.

Identifying and treating existing fistula cases within Bangladesh is difficult, despite the availability of treatment. Women with fistula often live in isolation and in remote areas. Even when community-based screening activities are able to identify suspected fistula cases, appropriate clinical diagnosis presents challenges. Differentiating fistula cases from other types of incontinence requires an understanding of fistula causes and symptoms. Transport to fistula repair centers for diagnosis and possible treatment is a major logistical undertaking and can impose financial costs on patients and their families. To address these barriers, the *Fistula Care Plus* (FC+) project developed a structured approach for fistula case identification, confirmation, and referral that can be implemented closer to the homes of clients: the community-based fistula diagnosis event (CFDE).

## CFDE PROCESS

The first step in planning a CFDE is establishing a mechanism for identifying suspected fistula cases. This begins with identifying a local organization with a community-based network and conducting a training for that organization's field staff. In that



Women at a CFDE in Rangpur Photo: ©Nitta Biswas/FC+

training, staff learn about the causes and symptoms of fistula and how to screen for fistula cases using a simple tool developed by FC+: the 4Q Checklist (FC+ 2019). Because the symptoms of a complete perineal tear (CPT) are identical to fistula, the 4Q Checklist can also identify suspected CPT cases. Once the organization's field staff have identified 30–40 cases in the vicinity, the team can organize a CFDE at a local health center.

At a CFDE, a team—including female physicians, nurses, paramedics, and support staff—administers a four-stage intake, examination, and diagnosis process (see Figure 1). If a woman is diagnosed with fistula or CPT, the team develops a comprehensive treatment plan in partnership with the patient and the patient's family, and provides a referral to a facility that can deliver quality repair services.

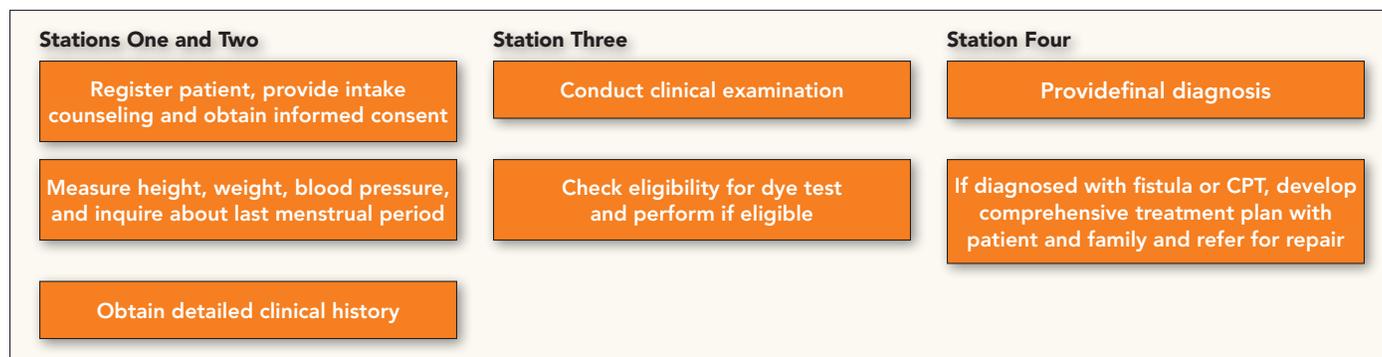


Figure 1: CFDE Diagnosis Protocol

## IMPACT OF CFDE IN BANGLADESH

FC+ facilitated the use of the CFDE to strengthen community-level fistula diagnosis through multiple partnerships in Bangladesh.

In 2016, FC+ partnered with the nongovernmental organization BRAC to bring community-based fistula diagnosis and screening to the Faridpur district. BRAC's community health workers identified suspected fistula cases using the FC+ 4Q Checklist and provided diagnoses and treatment referrals using the CFDE model. Through CFDEs in Faridpur, FC+ supported the diagnosis of 149 fistula and CPT cases, of which 121 (81%) received referrals for surgical repair (FC+ 2019). In addition to enabling access to fistula treatment for many women who had not previously received care, the CFDE approach enabled local-level estimation of the fistula burden in this district.

FC+ also used the CFDE approach to estimate fistula and pelvic organ prolapse (POP) prevalence in Bangladesh as an implementing partner of the 2016 BMMS. The BMMS included a Maternal Morbidity Validation Study in the Sylhet district. The MaMoni Maternal and Newborn Care Strengthening Project screened suspected fistula and POP cases and provided referrals to CFDEs organized by FC+. Of the 67 women positively screened for fistula symptoms in Sylhet, 57 completed clinical examination through CFDEs. The BMMS team applied findings regarding the predictive value of screening questions to generate national estimates of the fistula and POP burden through the larger national survey (MEASURE Evaluation et al. 2018).

FC+ has provided CFDE training to project partners to build capacity for more local screenings, diagnoses, and referrals for

treatment. Public and private fistula centers now work with local healthcare centers to regularly host CFDEs and to provide referrals and treatment to patients who are positively diagnosed with fistula and related conditions.

## CONCLUSION

The CFDE approach brings case identification and referral to the homes of women who otherwise may not have access to such services. The strengthened relationships between community organizations and fistula treatment centers also provides the opportunity for continued support following treatment. This is crucial, as women who have successfully undergone fistula repair need reintegration and rehabilitation services, and women with incurable fistula need physical and psychosocial support. This innovative approach to fistula diagnosis ensures wider reach, enhances community support, and is an important contribution to national efforts to end fistula within a generation in Bangladesh.

## REFERENCES

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The USAID-funded *Fistula Care Plus* project at EngenderHealth works to prevent fistula from occurring, treats and cares for women with fistula, and assists in their rehabilitation and reintegration. *Fistula Care Plus* partners with ministries of health, faith- and community-based organizations, nongovernmental organizations, United Nations agencies, and other stakeholders, including hospitals providing surgical and nonsurgical fistula repair in South Asia and Sub-Saharan Africa.

For more information about fistula and the *Fistula Care Plus* project, visit [www.fistulacare.org](http://www.fistulacare.org).

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